



CANNON BUILDING  
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STATE OF DELAWARE  
DEPARTMENT OF STATE

DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500  
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WEBSITE: WWW.DPR.DELAWARE.GOV

**BOARD OF MASSAGE AND BODYWORK  
APPLICATION FOR TEMPORARY MASSAGE TECHNICIAN CERTIFICATION**

**A temporary massage technician certification shall be valid for a period of no more than 1 year, may not be renewed or reissued, and shall not be eligible for inactive status.**

1. Name \_\_\_\_\_  
Last First M.I.

2. Mailing Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

3. Day Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_ 4. E-mail \_\_\_\_\_

5. Social Security Number \_\_\_\_\_

\* Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that the disclosure of your social security number on this application is required by 29 Del. C. §8807(m). It may be used to enforce child support obligation pursuant to 13 Del. C. §2216 and for other lawful purposes.

6. Have you ever held a license or certificate to practice massage and bodywork issued by a state (including Delaware) or other jurisdiction? Yes\_\_\_ No\_\_\_

If "yes", continue with Questions 7 – 8. **If "no", skip Questions 7 – 8.**

7. List all states or other jurisdictions that have granted you a license or certificate. \_\_\_\_\_

**You must arrange for each State Board or other jurisdiction to send a letter of good standing directly to the Board office.**

8. Have you ever had your license or certificate to practice massage therapy suspended, revoked, or subject to other disciplinary action in any jurisdiction? Yes\_\_\_ No\_\_\_ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

9. Enter the following information for the school(s) or approved program(s) in massage and bodywork that you attended.

**The school or program of training must include a curriculum of no less than:**

- **50 hours of anatomy and physiology;**
- **110 hours of technique and theory of massage or bodywork therapy;**
- **25 hours of ethics, law, and contraindications**
- **15 hours of elective courses in the field of massage therapy.**

NAME OF SCHOOL	ADDRESS	DATES ATTENDED	HOURS COMPLETED

**You must arrange for an official transcript to be sent directly from your massage school or approved program to the Board office.**

10. Have you passed a state-certified examination in cardiopulmonary resuscitation (CPR) training; and possess current CPR certification? Yes\_\_\_ No\_\_\_

**Unless you have lower limb amputee status, submit a copy of your current CPR card (front and back) to the Board office.**

11. Have you ever employed or knowingly cooperated in fraud or material deception in order to acquire a license as a massage or bodywork therapist or certification as a massage technician? Yes\_\_\_ No\_\_\_ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
12. Have you ever impersonated another person holding a license or certification, or allowed another person to use the massage or bodywork license or massage technician certification, or aided or abetted a person not licensed as a massage or bodywork therapist or certified as a massage technician to represent that person as a massage or bodywork therapist or massage technician? Yes\_\_\_ No\_\_\_ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction? Yes\_\_\_ No\_\_\_ **If yes, submit a certified copy of your criminal history record.**
14. Have you ever excessively used or abused drugs (including alcohol, narcotics, or chemicals)? Yes\_\_\_ No\_\_\_ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**
15. Do you have any impairment related to drugs or alcohol that would limit your practice of massage and bodywork? Yes\_\_\_ No\_\_\_ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

16. Are any unresolved complaints pending against you in any jurisdiction? Yes\_\_\_ No\_\_\_ **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

The Board office must receive items submitted for the Board to consider at its meeting no later than two full business days before the meeting. In order to be considered at a Board meeting, license applications must be complete two full business days before the meeting. A complete application is one that includes all required documentation and correct payment. Refer to the fee schedule at [www.dpr.delaware.gov/boards/massagebodyworks/fees.htm](http://www.dpr.delaware.gov/boards/massagebodyworks/fees.htm).

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

When your application is complete, please allow 4-8 weeks to receive your license.

#### **AFFIDAVIT**

State of \_\_\_\_\_ )  
 )SS  
County or City of \_\_\_\_\_ )

The undersigned applicant for Temporary Massage Technician Certification, being sworn, deposes and says that the information contained in this application is true and correct, and that s/he understands that the intentional inclusion of false or fraudulent information or the material omission of information may result in the denial of licensure and will be reported to the Attorney General for further action.

Date:\_\_\_\_\_ Signature of Applicant:\_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_.